

UTAH DEPARTMENT OF WORKFORCE SERVICES  
UNEMPLOYMENT INSURANCE  
**STATEMENT REGARDING CLAIMS FOR BENEFITS**

Claimant-s Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

According to the Utah Employment Security Act, ALL severance and accrued vacation payments are attributable to the period of time following the last day worked. Unemployment benefits are denied for that period of time.

I usually worked \_\_\_\_\_ hours per week. My rate of pay was \$ \_\_\_\_\_ per \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

LAST DAY WORKED: \_\_\_\_\_ Number of hours worked final week \_\_\_\_\_

I have received or will receive the following:

1. **Severance or Separation Pay:** Gross Amount \$ \_\_\_\_\_ Date Received (if known) \_\_\_\_\_

This amount represents \_\_\_\_\_ hours.

2. **Accrued Vacation Pay:** Gross Amount \$ \_\_\_\_\_ Date Received (if known) \_\_\_\_\_

This amount represents \_\_\_\_\_ hours.

3. **Other Payments:** Gross Amount \$ \_\_\_\_\_ Date Received (if known) \_\_\_\_\_  
(Type of pmt. \_\_\_\_\_) (Do not include wages paid for work already performed)

This amount represents \_\_\_\_\_ hours.

I CERTIFY the information on these pages is true, correct, and complete. I have made these statements to obtain unemployment benefits, knowing that the law provides penalties for false statements or withholding material facts.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

[ ] Allowed [ ] Denied Sec. \_\_\_\_\_ Eff. \_\_\_\_\_

Reasoning statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dept. Repr. \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_